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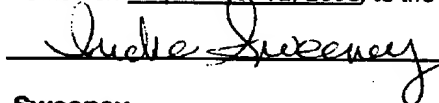
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**ATTN: EXAMINER V. S. Chang**  
Fax No. 571/273-8300  
Phone No. 571/272-1474

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**FROM: Ineke C. Sweeney**  
Fax No. (513) 634-6108  
Phone No. (513) 634-9359

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) RCE with Amendment (11 pgs.)
- 2) Fee Transmittal (1 pg.)
- 3) Extension of Time (1 pg.)
- 4)

Number of Pages Including this Page: 14

Inventor(s): Hamilton, et al.  
S.N.: 09/716,740  
Filed: 11/20/2000  
Conf. No.: 8924  
Case: 5922R2C3

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Comments:

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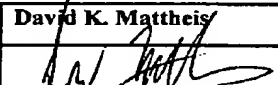
<p align="center"><b>FEE TRANSMITTAL</b> <b>for FY 2005</b></p> <p align="center">Patent fees are subject to annual revision. Effective December 8, 2004</p>	<p align="center"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/716,740</td></tr> <tr><td>Confirmation Number</td><td>8924</td></tr> <tr><td>Filing Date</td><td>November 20, 2000</td></tr> <tr><td>First Named Inventor</td><td>Hamilton</td></tr> <tr><td>Examiner Name</td><td>V. S. Chang</td></tr> <tr><td>Art Unit</td><td>1771</td></tr> <tr><td>Attorney Docket No.</td><td>5922R2C3L</td></tr> </table>	Application Number	09/716,740	Confirmation Number	8924	Filing Date	November 20, 2000	First Named Inventor	Hamilton	Examiner Name	V. S. Chang	Art Unit	1771	Attorney Docket No.	5922R2C3L
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<b>TOTAL AMOUNT OF PAYMENT (\$910)</b>															

<p align="center"><b>METHOD OF PAYMENT</b></p> <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter &amp; Gamble Company</p>	<p align="center"><b>FEE CALCULATION (continued)</b></p> <p>5. <b>ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee</th> <th style="text-align: right;">Paid</th> </tr> </thead> <tbody> <tr><td>Extension for reply within 1<sup>st</sup> month</td><td align="right">(\$120)</td><td align="center"><input checked="" type="checkbox"/></td></tr> <tr><td>Extension for reply within 2<sup>nd</sup> month</td><td align="right">(\$450)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Extension for reply within 3<sup>rd</sup> month</td><td align="right">(\$1,020)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Extension for reply within 4<sup>th</sup> month</td><td align="right">(\$1,590)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Extension for reply within 5<sup>th</sup> month</td><td align="right">(\$2,160)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Information Disclosure Statement fee</td><td align="right">(\$180)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td><td align="right">(\$130)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td><td align="right">(\$50)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Non-English specification</td><td align="right">(\$130)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Notice of Appeal</td><td align="right">(\$500)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Filing a brief in support of an appeal</td><td align="right">(\$500)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Request for oral hearing</td><td align="right">(\$1,000)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td align="right">(\$1,370)</td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Other: RCE</td><td align="right">(\$ 790)</td><td align="center"><input checked="" type="checkbox"/></td></tr> </tbody> </table>	Fee Description	Fee	Paid	Extension for reply within 1 <sup>st</sup> month	(\$120)	<input checked="" type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$450)	<input type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,020)	<input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,590)	<input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,160)	<input type="checkbox"/>	Information Disclosure Statement fee	(\$180)	<input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130)	<input type="checkbox"/>	37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	(\$50)	<input type="checkbox"/>	Non-English specification	(\$130)	<input type="checkbox"/>	Notice of Appeal	(\$500)	<input type="checkbox"/>	Filing a brief in support of an appeal	(\$500)	<input type="checkbox"/>	Request for oral hearing	(\$1,000)	<input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370)	<input type="checkbox"/>	Other: RCE	(\$ 790)	<input checked="" type="checkbox"/>
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<p align="center"><b>FEE CALCULATION</b></p> <p>2. <b>BASIC FILING FEE - Large Entity</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">FILING FEE</th> <th style="text-align: right;">SEARCH FEE</th> <th style="text-align: right;">EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td align="right"><b>Fee Paid</b></td> </tr> <tr> <td>Utility</td> <td align="right">(\$300)</td> <td align="right">(\$500)</td> <td align="right">(\$200)</td> <td align="right">(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td align="right">(\$200)</td> <td align="right">(\$100)</td> <td align="right">(\$130)</td> <td align="right">(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td align="right">(\$300)</td> <td align="right">(\$500)</td> <td align="right">(\$600)</td> <td align="right">(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td align="right">(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> <p>3. <b>APPLICATION SIZE FEE:</b></p> <p>Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p> <p align="right"><b>SUBTOTAL (2)+(3) (\$)</b> <input type="checkbox"/></p> <p>4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Extra Claims</th> <th style="text-align: right;">Fee from Below</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td align="right"><input type="checkbox"/></td> <td align="right">=</td> <td align="right"><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td align="right"><input type="checkbox"/></td> <td align="right">=</td> <td align="right"><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td align="right"><input type="checkbox"/></td> <td align="right">=</td> <td align="right"><input type="checkbox"/></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p><b>Fee Description</b></p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p align="right"><b>SUBTOTAL (4) (\$)</b> <input type="checkbox"/></p>		FILING FEE	SEARCH FEE	EXAMINATION FEE		Application Type				<b>Fee Paid</b>	Utility	(\$300)	(\$500)	(\$200)	(Total = \$1000) <input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)	(Total = \$430) <input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$600)	(Total = \$1400) <input type="checkbox"/>	Provisional filing fee				(Total = \$200) <input type="checkbox"/>		Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>	<p align="right"><b>SUBTOTAL (5) (\$)</b> <b>[910]</b></p>
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	David K. Mattheis	Registration No.	48,683
Signature		Telephone	(513) 634-9359
		Date	September 12, 2005

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